

CBI Federal Credit Union 13717 S. Route 30, Unit 157 Plainfield, IL 60544

Phone: (815) 439-5012 Fax: (815) 439-5010

DOMESTIC WIRE TRANSFER

SENDER/PAYER INFORMATION		You must speak to a credit union representative and complete a Wire Transfer Agreement before your	
CBI Member- Name on Account:			
Home Address:		request can be processed.	
Daytime Phone (where you can be reached today):		You may identify the payee or any financial institution by name and by	
CBI Account # Share Type:	Savings Checking	account number (or ABA routing number). The Credit Union (and other	
Wire Amount \$ Purpose:		institutions) may rely on the member or	
Member Signature:		other identifying number as the proper identification, even if it identifies a	
A fee of \$30 will be charged to your account		different party or institution. CBI Federal Credit Union (CBI FCU) cannot be responsible for any funds once they are sent through the wire transfer system. If the wire transfer is cleared through the Federal Reserve, the transaction is governed by Regulation J. You authorize the Credit Union to transfer funds as described herein and debit your account in the	
RECIPIENT/PAYEE FINANCIAL INSTITUTION			
Bank ABA # (9 digits):			
Bank Name:			
Instructions (Branch Location):			
For further credit to (if applicable): (ex: correspondent banks, escrow and investment companies)			
·		amount transferred, plus applicable	
Beneficiary (Bank or Business Name):		fee. Domestic Wire Transfer requests will be processed between 9:00 a.m.	
Account Number/ABA Number:			
Address:		and 3:00 p.m. Monday thru Friday on days that the Federal Reserve	
RECIPIENT/PAYEE		and CBI FCU are open for business. If your wire transfer request is received after 2:00 p.m., the request will be processed on the next business day.	
Beneficiary (Name on Account):			
Beneficiary Address:			
Beneficiary Account # (at Bank):		Member Signature:	
Beneficiary Account Type: Savings Check			
Additional Comments/Information:		Date	
CREDIT UNION INTERNAL USE ONLY			
Verify if member signed in person		made without member present	
Address & Phone # (required)	Address & Phone # (req	,	
TIN # (*If none, PP or Alien ID req'd)		Required	
Type of ID/Country #		PIN:	
Also Requires 2 of the following verifications when performing Call Back OFAC (Req) Every Wire Transfer Amount or Date of Last Deposit			
Driver's License Number or Passport on File			
Signature Verified w/Membership Card on File	Type of Products		
	Password or PIN (if not already verified)		
Birth date or Joint Account Member name Last place Debit card was used			
Verified By Date Wired on:// By Employee			
Posted to Member's Act & Fee Approval at Alloya			